

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Fee Transmittal  
For FY 2008**

OCT 31 2007

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$1860)

Complete if Known	
Application Number	09/940,689
Filing Date	August 27, 2001
First Named Inventor	Michael Knaupp
Examiner Name	Jason D. Prone
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit 3724
<b>TOTAL AMOUNT OF PAYMENT</b> (\$1860)	Attorney Docket No. 340058.534

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments  Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee DescriptionEach claim over 20 (including Reissues) Fee (\$) Small Entity Fee (\$) 50 25Each independent claim over 3 (including Reissues) Fee (\$) Small Entity Fee (\$) 210 105Multiple dependent claims Fee (\$) Small Entity Fee (\$) 370 185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
40 -20 or HP = 0 X _____	= _____			<u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
8 -3 or HP = 0 X _____	= _____		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 = _____	/50 = _____	(round up to a whole number)	x _____	

**4. OTHER FEE(S)**Non-English Specification, \$130 fee (no small entity discount) Fee (\$) \_\_\_\_\_Other (e.g., late filing surcharge): Request for Continued Examination Fee (\$) 810Petition for Extension of Time – 3 months Fee (\$) 1050**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	61,293	Telephone	206-622-4900
Name (Print/Type)	Nima A. Seyedali		Date	October 31, 2007	